

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

ADDRESS (number and street)

2 Nevins Street

3rd Floor

☐ Check if different  
than previously  
reported. (ACC)

BROOKLYN

NY

11217

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00350991

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2011

through

03

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy Siegel

Signature of Treasurer

Electronically Filed by Dorothy Siegel

Date

09

13

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		248612.74
(b) Cash on Hand at Beginning of Reporting Period .....	265483.88	
(c) Total Receipts (from Line 19) .....	28877.13	69113.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	294361.01	317726.46
7. Total Disbursements (from Line 31) .....	61855.58	85221.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	232505.43	232505.43
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6518.00	8896.00
(ii) Unitemized .....	22359.09	60217.54
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28877.09	69113.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28877.09	69113.54
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.04	0.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28877.13	69113.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28877.13	69113.72

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	61855.58	85221.03	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61855.58	85221.03	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61855.58	85221.03	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	28877.09	69113.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28877.09	69113.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

George S Baker

Mailing Address 40 Grace Avenue

City

Plattsburgh

State

NY

Zip Code

12901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mental Health Counsler Ci-  
tizen

Occupation  
Counsler

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.117629

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Martha Baker

Mailing Address 73-22 173 Street

City

Fresh Meadows

State

NY

Zip Code

11366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.117142

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bono

Mailing Address 923 Laurel Ct

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.117327

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Danny Calabro

Mailing Address Riviera Drive 707

City

Mastic Beach

State

NY

Zip Code

11951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Your Team Realty

Occupation

Licensed Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.117452

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Rodney L Carroll

Mailing Address 458 West 150 Street 30

City

New York

State

NY

Zip Code

10031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSEU 371

Occupation

Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.116089

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rodney L Carroll

Mailing Address 458 West 150 Street 30

City

New York

State

NY

Zip Code

10031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSEU 371

Occupation

Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.116090

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

May Ying Chen

Mailing Address 75 Montgomery St Apt 16a

City

New York

State

NY

Zip Code

10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.115792

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

patrick cousins

Mailing Address 104 e 2nd st

City

brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.116860

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

patrick cousins

Mailing Address 104 e 2nd st

City

brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.116861

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 9 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Shirley E Coverdale

Mailing Address 36 Lovers Lane

City

Riverhead

State

NY

Zip Code

11901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.117435

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Cunningham

Mailing Address 229 West 97th Street

City

NY

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.116201

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Donna Dolan

Mailing Address 687 Pacific Street

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.117121

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

660.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Kat Fisher

Mailing Address 80 Belcoda Rd

City

Scottsville

State

NY

Zip Code

14546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.117784

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Javier Garcia

Mailing Address 15 4th St.  
Apt. 2

City

Brooklyn

State

NY

Zip Code

11231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.117018

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Raul Garcia

Mailing Address 35-50 85th St 9G

City

Jackson Heights

State

NY

Zip Code

11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.117159

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Jill Greenberg

Mailing Address 698 W End Ave Apt 2b

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.116025

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bob Hellwitz

Mailing Address 79 Delham Avenue

City

Buffalo

State

NY

Zip Code

14216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.117751

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Nikki Kateman

Mailing Address 1505 Kellum Pl

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.117260

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Keith Kinch

Mailing Address 50 Broadway St

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.115825

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rachel Kreier

Mailing Address 98 Leeward Lane

City

Port Jefferson

State

NY

Zip Code

11777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.117413

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Ledes

Mailing Address 110 Riverside Drive

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Film-Maker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.115960

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

518.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Rick Oppedisano

Mailing Address 8282 Mantova Dr

City

Clay

State

NY

Zip Code

13041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: SA11AI.117667

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dominick Patrignani

Mailing Address 63 Broad Street

City

Waterford

State

NY

Zip Code

12188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	1

Transaction ID: SA11AI.117501

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jeremiah F Pearson

Mailing Address 25-90 35 Street 3D

City

Astoria

State

NY

Zip Code

11103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Childrens RightsOccupation  
Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.116536

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Michael Rabinowitz

Mailing Address 365 State St Apt 1b

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.117010

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Rabinowitz

Mailing Address 365 State St Apt 1b

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.117011

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Rabinowitz

Mailing Address 365 State St Apt 1b

City

Brooklyn

State

NY

Zip Code

11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.117012

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Carlos Ramos

Mailing Address 39 Hickory St

City

Central Islip

State

NY

Zip Code

11722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.117371

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Rhomberg

Mailing Address 383 Grand Street M305

City

New York

State

NY

Zip Code

10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.115777

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jesse Strauss

Mailing Address 80 Ascan Avenue

City

Forest Hills

State

NY

Zip Code

11375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kurzon Strauss

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.117188

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

1010.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Maria Svart

Mailing Address 202 9 Street

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.116712

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Welsh

Mailing Address 153 Meadow Ln Apt 2g

City

New Rochelle

State

NY

Zip Code

10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.116452

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

6518.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 19

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Card Service International</p> <p>Mailing Address PO BOX 5180</p> <p>City Simi Valley</p> <p>State CA</p> <p>Zip Code 93062</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.117995</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>162.57</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Card Service International</p> <p>Mailing Address PO BOX 5180</p> <p>City Simi Valley</p> <p>State CA</p> <p>Zip Code 93062</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.117996</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>351.49</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Card Service International</p> <p>Mailing Address PO BOX 5180</p> <p>City Simi Valley</p> <p>State CA</p> <p>Zip Code 93062</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.117997</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1058.76</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1572.82**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A.

Full Name (Last, First, Middle Initial)

Community Labor Administrative Services, INC.

Mailing Address

2 Nevins Street

City

Brooklyn

State

NY

Zip Code

11217

Purpose of Disbursement

Rent and Administrative Expense

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB29.117998

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1821.96

B.

Full Name (Last, First, Middle Initial)

Data and Field Services, INC

Mailing Address

2 Nevins Street

City

Brooklyn

State

NY

Zip Code

11217

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB29.118001

Date of Disbursement

03 / 04 / 2011

Amount of Each Disbursement this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Data and Field Services, INC

Mailing Address

2 Nevins Street

City

Brooklyn

State

NY

Zip Code

11217

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB29.118002

Date of Disbursement

03 / 04 / 2011

Amount of Each Disbursement this Period

33000.00

SUBTOTAL of Disbursements This Page (optional) .....

44821.96

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

**A.**

Full Name (Last, First, Middle Initial)

Data and Field Services, INC

Mailing Address

2 Nevins Street

City

Brooklyn

State

NY

Zip Code

11217

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB29.118000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

J.P. Morgan Chase Bank

Mailing Address

20 Flatbush Ave

City

Brooklyn

State

NY

Zip Code

11217

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** SB29.117999

Date of Disbursement

/   /

Amount of Each Disbursement this Period

460.80

**SUBTOTAL** of Disbursements This Page (optional) .....

15460.80

**TOTAL** This Period (last page this line number only) .....

61855.58